

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

10/15/16 425

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	4		/			
6	8		/			
7	0		/			
8	1		/			
9	9		/			
10	0		/			
11	0		/			
12	0		/			
13	0		/			
14	0		/			
15	0		/			
16	1		/			
17	/		/			
18	/		/			
19	/		/			
20	4		/			
21	0		/			
22	8		/			
23	0		/			
24	0		/			
25	0		/			
26	0		/			
27	1		/			
28	/		/			
29	/		/			
30	/		/			
31	4		/			
32	0		/			
33	0		/			
34	1		/			
35	0		/			
36	0		/			
37	0		/			
38	1		/			
39	0		/			
40	0		/			
41	0		/			
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49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←	38	←		←	←
TOTAL CLAIMS	41					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS	41					